

| UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO) | | Voluntary Petition |
|--|---|--|
| Name of Debtor (if individual, enter Last, First, Middle): Castellanos, Russell L. | Name of Joint Debtor (Spouse) (Last, First, Middle): | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): XXX-XX-8221 | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): | |
| Street Address of Debtor (No. and Street, City, and State): 42678 Berrong Ct Winthrop Harbor, IL | Street Address of Joint Debtor (No. and Street, City, and State): | |
| ZIP CODE 60096 | ZIP CODE | |
| County of Residence or of the Principal Place of Business: LAKE | County of Residence or of the Principal Place of Business: | |
| Mailing Address of Debtor (if different from street address): | Mailing Address of Joint Debtor (if different from street address): | |
| ZIP CODE | ZIP CODE | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | |
| ZIP CODE | | |
| Type of Debtor (Form of Organization) (Check one box.) | Nature of Business (Check one box.) | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) |
| <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) | <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 |
| | Tax-Exempt Entity (Check box, if applicable.) | <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding |
| | <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts. |
| Filing Fee (Check one box.) | | |
| <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | |
| Statistical/Administrative Information | | |
| <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors | | |
| <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | |
| Estimated Assets | | |
| <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | |
| Estimated Liabilities | | |
| <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | |

Voluntary Petition*(This page must be completed and filed in every case.)*Name of Debtor(s): **Russell L. Castellanos****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

| | | |
|-----------------------|--------------|-------------|
| Location Where Filed: | Case Number: | Date Filed: |
|-----------------------|--------------|-------------|

| | | |
|-----------------------|--------------|-------------|
| Location Where Filed: | Case Number: | Date Filed: |
|-----------------------|--------------|-------------|

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)

| | | |
|-----------------|--------------|-------------|
| Name of Debtor: | Case Number: | Date Filed: |
|-----------------|--------------|-------------|

| | | |
|-----------|---------------|--------|
| District: | Relationship: | Judge: |
|-----------|---------------|--------|

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X /s/ HAROLD M. SAALFELD
HAROLD M. SAALFELD

12/15/2009
Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.
 No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue
(Check any applicable box.)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1) (1/08)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s): **Russell L. Castellanos****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Russell L. Castellanos
Russell L. Castellanos

X

Telephone Number (If not represented by attorney)

12/15/2009

Date

Signature of Attorney*

X /s/ HAROLD M. SAALFELD
HAROLD M. SAALFELD Bar No.6231257

Harold M. Saalfeld, Attorney at Law
25 N. County Street, Suite 2R
Waukegan, IL 60085-4342

Phone No.(847) 249-7538 Fax(847) 406-5032

12/15/2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code.
Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

In re: Russell L. Castellanos

Case No. _____

(if known)

Debtor(s)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

In re: Russell L. Castellanos

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Russell L. Castellanos
Russell L. Castellanos

Date: 12/15/2009

In re Russell L. Castellanos

Case No. _____

(if known)

SCHEDULE A - REAL PROPERTY

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption | Amount Of Secured Claim |
|--|---|------------------------------------|--|-------------------------|
| Commercial Bldg 2900 63rd st Kenosha WI 53143 | Fee Simple | - | \$400,000.00 | \$407,193.85 |
| 42661 Berrong Ct. 42661 Berrong Ct. Winthrop Harbor, IL 60096-1901 | MORTGAGE | - | \$198,000.00 | \$177,972.93 |
| 4632 5th st, Winthrop Harbor IL* 4632 5th st, Winthrop Harbor IL * | MORTGAGE | - | \$250,000.00 | \$270,512.71 |
| BOA 42678 N Berrong Ct 42678 N Berrong Ct Winthrop Harbor, IL | MORTGAGE | - | \$215,500.00 | \$528,699.62 |
| 3714 John Bailey St | Fee Simple | - | Unknown | \$409,451.04 |
| Single Family Home Single Family Home - Rental Property 42661 Berrong Ct Winthrop Harbor, IL valued at \$200,000 by Zillow.com | 42661 Berrong Ct | - | \$190,000.00 | \$181,000.00 |
| Total: | | | | \$1,253,500.00 |

(Report also on Summary of Schedules)

In re Russell L. Castellanos

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|------|--------------------------------------|---------------------------------------|--|
| 1. Cash on hand. | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X | | | |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video and computer equipment. | X | | | |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | X | | | |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |

In re Russell L. Castellanos

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 1*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|------|--------------------------------------|---------------------------------------|--|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |

In re Russell L. Castellanos

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 2*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|------|--|---------------------------------------|--|
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2007 Chevrolet Corvette CO Black Liquidation Value \$30,000 per kbb.com | - | \$30,000.00 |
| | | Harley Davidson Credit Harley - Harley | - | \$5,000.00 |

In re Russell L. Castellanos

Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|------|--------------------------------------|---------------------------------------|--|
| 26. Boats, motors, and accessories. | X | Fifth Third 07 Chevy Corvette | - | \$32,000.00 |
| 27. Aircraft and accessories. | X | 1992 Mercedes 500 SEL 200,000 mi | - | \$2,000.00 |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) | | | | |
| Total > | | | | \$69,000.00 |

In re Russell L. Castellanos

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: Check if debtor claims a homestead exemption that exceeds \$136,875.
(Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--------------------------------|--------------------------------------|----------------------------|---|
| 42661 Berrong Ct. | 735 ILCS 5/12-901 | \$15,000.00 | \$198,000.00 |
| 42661 Berrong Ct. | | | |
| Winthrop Harbor, IL 60096-1901 | | | |
| Fifth Third 07 Chevy Corvette | 735 ILCS 5/12-1001(c) | \$2,400.00 | \$32,000.00 |
| 1992 Mercedes 500 SEL | 735 ILCS 5/12-1001(c) | \$0.00 | \$2,000.00 |
| 200,000 mi | | | |
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SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT UNLIQUIDATED DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|--|---|--|--|---------------------------------|
| ACCT #: | - | DATE INCURRED: NATURE OF LIEN: MORTGAGE COLLATERAL: BOA 3714 John Baily Las Vegas REMARKS: VALUE: \$215,500.00 | | \$405,691.04 | \$190,191.04 |
| ACCT #: 0630221299 | - | DATE INCURRED: NATURE OF LIEN: MORTGAGE COLLATERAL: 4714 5th St REMARKS: VALUE: \$198,000.00 | | \$177,972.93 | |
| ACCT #: 0693539801 | - | DATE INCURRED: NATURE OF LIEN: MORTGAGE COLLATERAL: Residence 4632 5th st, Winthrop Harbo REMARKS: VALUE: \$250,000.00 | | \$270,512.71 | \$20,512.71 |
| ACCT #: | - | DATE INCURRED: NATURE OF LIEN: MORTGAGE COLLATERAL: 42661 N. Berrong Ct. REMARKS: VALUE: \$190,000.00 | | \$181,000.00 | |
| Subtotal (Total of this Page) > Total (Use only on last page) > | | | | \$1,035,176.68 | \$210,703.75 |

2 continuation sheets attached

(Report also
on
Summary of
Schedules.) (If applicable,
report also on
Statistical
Summary of
Certain
Liabilities)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|---|--|------------|--------------|----------|--|---------------------------------|
| | | | | | | | |
| ACCT #: 09-39190 | - | DATE INCURRED: NATURE OF LIEN: BALANCE ON ACCOUNT COLLATERAL: Lease Equipment - Autobody N.Shore REMARKS: Lease Equipment - Autobody N.Shore. Debt is owe by Auto Body N. Shore with personal guaranty of debtor | | | | \$32,089.42 | \$32,089.42 |
| | | VALUE: \$0.00 | | | | | |
| ACCT #: | - | DATE INCURRED: NATURE OF LIEN: PMSI COLLATERAL: 2007 Chevrolet Corvette CO Black Liquor REMARKS: | | | | \$40,000.00 | \$10,000.00 |
| | | VALUE: \$30,000.00 | | | | | |
| ACCT #: | - | DATE INCURRED: NATURE OF LIEN: Fine COLLATERAL: 3714 John Bailey St REMARKS: | | | | \$3,760.00 | \$3,760.00 |
| | | VALUE: \$0.00 | | | | | |
| ACCT #: 20050907835957 | - | DATE INCURRED: NATURE OF LIEN: Pmsi COLLATERAL: Harley Davidson Credit Harley REMARKS: | | | | \$4,249.64 | |
| | | VALUE: \$5,000.00 | | | | | |

Sheet no. 1 of 2 continuation sheets attached
to Schedule of Creditors Holding Secured Claims Subtotal (Total of this Page) > \$80,099.06 Total (Use only on last page) > \$45,849.42

(Report also
on
Summary of
Schedules.) (If applicable,
report also on
Statistical
Summary of
Certain
Liabilities)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR <u>HUSBAND, WIFE, JOINT, OR COMMUNITY</u> | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|---|---|------------|--------------|----------|--|---------------------------------|
| | | | | | | | |
| ACCT #: xxxx7568 | - | DATE INCURRED: NATURE OF LIEN: business credit line COLLATERAL: 3034 N Lake Terrace Glenview IL/Auto REMARKS: SBA Loan through National City Debt of Auto Body of the Glen's & Auto Body Northshore with possible | | | | \$122,991.58 | \$122,991.58 |
| NATIONAL CITY Commercial Svcs P.O. Box 1030 Oshtemo, MI 49077-1030 | - | DATE INCURRED: NATURE OF LIEN: Fee Simple COLLATERAL: Commercial Bldg -2900 63rd St. Ke REMARKS: | | | | \$407,193.85 | \$7,193.85 |
| ACCT #: 80196 | - | DATE INCURRED: NATURE OF LIEN: UCC COLLATERAL: Auto Repair Equip REMARKS: business loan with security of equipment of Auto Body North Shore Inc | | | | \$41,666.67 | |
| On Dec Capital | - | DATE INCURRED: NATURE OF LIEN: Association Dues COLLATERAL: BOA 42678 N Berrong Ct REMARKS: | | | | \$17.00 | \$17.00 |
| ACCT #: | - | DATE INCURRED: NATURE OF LIEN: Shadow Hills Master Assoc c/o. Benchmark Assoc Svc P.O. box 60998 Phoenix, AZ 85082-0998 | | | | \$571,869.10 | \$130,202.43 |
| Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims | | Subtotal (Total of this Page) > Total (Use only on last page) > | | | | \$1,687,144.84 | \$386,755.60 |

(Report also
on
Summary of
Schedules.)

(If applicable,
report also on
Statistical
Summary of
Certain
Liabilities

In re Russell L. Castellanos

Case No. _____

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached schedule.) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease or rental of property or services for personal, family, or household use,

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

 Administrative allowances under 11 U.S.C. Sec. 330

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

| TYPE OF PRIORITY | Taxes and Certain Other Debts Owed to Governmental Units | | | | | |
|------------------|--|--|--|--|--|--|
|------------------|--|--|--|--|--|--|

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT UNLIQUIDATED DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO | AMOUNT NOT ENTITLED TO PRIORITY, |
|---|--|---|--|-----------------------|--------------------------|--|
| ACCT #: Department of Workforce Development P.O. box 8914 Madison, WI 537008-8914 | - | DATE INCURRED: 2009 CONSIDERATION: Unemployment Ins REMARKS: Debt of Louis Roosevelt Auto Body, Inc. with possible personal liability | | \$8,139.98 | \$8,139.98 | \$0.00 |
| ACCT #: Department of Workforce Development Div of Unemployment Insurance P.O. Box 7945 Madison, WI 53707-7945 | - | DATE INCURRED: CONSIDERATION: Unemployment taxes REMARKS: Debt of Lous Roosevelt Auto Body, Inc with possible personal liability of debtor | | \$8,000.00 | \$8,000.00 | \$0.00 |
| ACCT #: ILLINOIS DEPT OF REVENUE P.O. BOX 19036 SPRINGFIELD, IL 60601 | - | DATE INCURRED: CONSIDERATION: withholding taxes REMARKS: Debt of Roosevelt Auto Body, with possible personal liability | | \$380.66 | \$380.66 | \$0.00 |
| ACCT #: INTERNAL REVENUE SERVICE P.O. BOX 21126 PHILADELPHIA, PA 19255-0029 | - | DATE INCURRED: CONSIDERATION: 2007 taxes REMARKS: | | \$4,123.32 | \$4,123.32 | \$0.00 |
| Representing: INTERNAL REVENUE SERVICE | | INTERNAL REVENUE SERVICE MAIL STOP 5010 CHI 230 S DEARBORN CHICAGO IL 60604 | | Notice Only | Notice Only | Notice Only |
| ACCT #: WISCONSIN DEPT OF REVENUE P.O. box 44676 Racine, WI 53404-7014 | - | DATE INCURRED: 2009 CONSIDERATION: Sales Taxes REMARKS: Debt of Lou's Roosevelt Auto Body, Inc. with possible personal liability | | \$507.98 | \$507.98 | \$0.00 |
| Sheet no. <u>1</u> of <u>1</u> continuation <u>Sheets</u> (Totals of this page) > | | | Total > | \$21,151.94 | \$21,151.94 | \$0.00 |
| attached to Schedule of Creditors Holding Priority Claims (Use only on last page of the completed Schedule E.) | | | | \$21,151.94 | | |
| (Use only on last page of the completed Schedule E.) | | | Totals > | | \$21,151.94 | \$0.00 |
| If applicable, report also on the Statistical | | | | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JO INT, SPOUSE OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|--|--|---|--------------------|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 500100693 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's with possible personal liability | | | \$350.18 |
| 1-800-Radiator 8116 Monticello Av Skokie, IL 60076 | | | | | |
| ACCT #: | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body pf the Glen's with possible personal liability | | | \$118.60 |
| Advanced Auto-Motion Inc 3030 N. Lake ter. Glenview, IL 60026-1335 | | | | | |
| ACCT #: xxxxxxxxxxxx7324 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | \$17,765.92 |
| Advanta Bank Cor P.O. box 8088 Philadelphia, PA 19101-8088 | | | | | |
| ACCT #: | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body with possible personal liability of debtor | | | \$301.90 |
| Airgas P.O. box 2395 Waterloo, IA 50704 | | | | | |
| ACCT #: | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body, Auto Body of the Glen's or Auto Body North Shore Inc. with possible personal liability | | | \$29,398.55 |
| Akzo Nobel Coating Inc P.O. box 533327 Charlotte, NC 28290-3327 | | | | | |
| ACCT #: | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body with possible personal liability of debtor | | | \$3,612.00 |
| AmericanFamily Insurance Group Madison, WI 53777-0001 | | | | | |
| Subtotal > | | | \$51,547.15 | | |
| Total > | | | | | |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR <small>HUSBAND, WIFE, JOINT, WIFE, OR COMMUNITY</small> | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|--------------------|--------------|------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 2100-22081 Arlington Auto Group 935 West Dundee Rd Buffalo Grove, IL 60089 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$3,822.35 |
| ACCT #: Arlington Heights Ford 801 W. Dundee Rd Arlington Heights, IL 60004 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's. with possible personal liability | | | \$1,819.87 |
| ACCT #: 3240 Audatex 774215 4215 Solutions Center Chicago, IL 60677 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto body with possible personal liability of debtor | | | \$1,750.14 |
| ACCT #: H1313 Auto Glass Master/Trim 4520 N.Easton Av Chicago, IL 60630 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Business debt of Au Body North Shore with possible personal liability | | | \$1,955.00 |
| ACCT #: 009434285 Auto Owner Insurance P.O. box 30315 Lansing, MI 48909-7815 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto body of the Glen's Inc with possible liability of debtor | | | \$6,954.76 |
| ACCT #: 6579822 Autobarn 1012 Chicago Av Evanston, IL 60202 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of theGlen's with possible personal liability | | | \$1,976.05 |

Sheet no. 1 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$18,278.17**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR <small>HUSBAND, WIFE, JOINT, OR COMMUNITY</small> | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|--|---|--|--------------------|--------------|----------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 3311313 Automart International Inc 12000 N. Greenbriar Dr Addison, IL 60101 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$542.76 |
| ACCT #: Autonation P.O. Box 141149 Irving TX 75014-1149 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore with possible personal liability | | | \$9,119.77 |
| ACCT #: 5490-9909-8000-0549 Bank of America P.O. box 15026 Wilmington, DE 19850-5026 | - | DATE INCURRED: CONSIDERATION: Credit Card REMARKS: | | | \$33,598.62 |
| ACCT #: 4170-0802-0024-7144 Bank of America P.O. box 15184 Wilmington, DE 19850-5184 | - | DATE INCURRED: CONSIDERATION: Credit Card REMARKS: Debt of Roosevelt Auto Body, Auto Body of the Glen's or Auto Body North Shore Inc. with possible personal liability | | | \$2,814,971.00 |
| ACCT #: Bionic Auto Parts & Sales, Inc. 4655 W. North Av Chicago, IL 60639-4610 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$800.00 |
| ACCT #: 9526w-0024927865 Boyland Auto Group 6141 S. 27th St Greenfield, WI 53221 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body with possible personal liability | | | \$1,377.12 |

Sheet no. 2 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$2,860,409.27

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|--------------------|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: Bruno's Auto Salvage 8330 Raynor Av Franksville, WI 53126 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | \$1,890.00 |
| ACCT #: AU5810 Calco Collision Parts 414 North Wood St Chicago, IL 60622 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$2,796.50 |
| ACCT #: 00572671599864 Capital One P.O. Box 105474 Atlanta, GA 30348-5474 | - | DATE INCURRED: CONSIDERATION: balance on account REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$9,022.16 |
| ACCT #: 00572671599864 Capital One Small Business P.O. Box 30273 Salt Lake City, UT 84130-0273 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$77,861.16 |
| ACCT #: 4802-1370-9808-4041 CAPITALONE P.O. BOX 26074 RICHMOND, VA 23260 | - | DATE INCURRED: CONSIDERATION: Credit Card REMARKS: | | | \$6,753.85 |
| Representing: CAPITALONE | | GC SERVICES P.O. BOX 3026 6330 GULFTON HOUSTON, TX 77253-3026 | | | Notice Only |

Sheet no. 3 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > \$98,323.67

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|---|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 4246-3113-7051-9784 Cardmember Service P.O. Box 94014 PALATINE, IL 60094-4014 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | \$719.17 |
| ACCT #: CCC Information Svcs Inc 222 Merchandise Mart, Ste 900 Chicago, IL 60654-1005 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debot of Auto Body North Shore, Inc. with possible liability of debtor | | | \$1,227.00 |
| ACCT #: 1980069 CERTIFIED SERVICES P.O. box177 WAUKEGAN IL 60087 | - | DATE INCURRED: CONSIDERATION: Collecting for - Norstates Bank REMARKS: | | | \$2,966.23 |
| ACCT #: 4246-3151-5708-1025 CHASE P.O. BOX 15153 WILMINGTON, DE 19886-5153 | - | DATE INCURRED: CONSIDERATION: Credit Card REMARKS: | | | \$38,858.68 |
| ACCT #: 4417-1268-2401-1342 CHASE P.O. BOX 15651 WILMINGTON, DE 19886-5651 | - | DATE INCURRED: CONSIDERATION: Credit Card REMARKS: | | | \$17,847.82 |
| ACCT #: 729899898 Chase Bank 3611 80th St Kenosha, WI 53142 | - | DATE INCURRED: CONSIDERATION: balance on account REMARKS: | | | \$600.00 |
| Sheet no. 4 of 15 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal > | \$62,218.90 | |
| | | | Total > | | |
| | | | (Use only on last page of the completed Schedule F.) | | |
| | | | (Report also on Summary of Schedules and, if applicable, on the | | |
| | | | Statistical Summary of Certain Liabilities and Related Data.) | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR <small>HUSBAND, WIFE, JOINT, WIFE, OR COMMUNITY</small> | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|---|--------------------|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 2100-26518 Classic Toyota - Scion 515 North Greenbay Rd Waukegan, IL 60085 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$11,032.74 |
| ACCT #: 1012149 CoActive Capital Partners LLC 655 Business Center Dr, Ste 250 Horsham, PA 19044 | - | DATE INCURRED: CONSIDERATION: Case #09-35946 REMARKS: Debt of Auto Body North Shore, with possible personal liability. Genesis III measuring system. | | | \$4,602.96 |
| Representing: CoActive Capital Partners LLC | | Flamm Boroff & Bacines, P.C. 794 Penllyne Pike BlueBell, PA 19422 | | | Notice Only |
| ACCT #: 13524355 COLLECTION BUREAU OF AMERICA P.O. BOX 5013 HAYWARD CA 94540-5013 | - | DATE INCURRED: CONSIDERATION: Collecting for - DS Waters of America Inc REMARKS: Debt of Roosevelt Auto Body with possible liability of debtor | | | \$339.43 |
| ACCT #: 700521 Crest Industries Inc 1337 King Rd Trenton, MI 48183 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body with possible personal liability | | | \$305.70 |
| ACCT #: 07503 D & R Autoworks 2366 Skokie Valley Rd Highland Park, IL 60035 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$1,155.37 |

Sheet no. 5 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$17,436.20

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR <small>HUSBAND, WIFE, JOINT, OR COMMUNITY</small> | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|--------------------|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: rsveltcolct | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body with possible personal liability | | | \$2,202.00 |
| Dent Wizard Intl 3867 collection Center Dr Chicago, IL 60593 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debot of Auto Body North Shore, Inc. with possible personal liability of debtor | | | \$870.43 |
| ACCT #: 0450 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | \$10,875.44 |
| DISCOVER CARD P.O. BOX 30395 SALT LAKE CITY, UT 84130-0395 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body, Auto Body of the Glen's or Auto Body North Shore Inc. with possible personal liability | | | |
| ACCT #: | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body, Auto Body of the Glen's or Auto Body North Shore Inc. with possible personal liability | | | \$460.89 |
| Don Jacobs Mitsubishi Subaru 5757 South 27th St Milwaukee, WI 53221 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | |
| ACCT #: | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | \$2,712.64 |
| E.J. Salentine Inc 14444 W Janesville Rd P.O. box 487 Muskego, WI 53150 | | Oliver Adjustment of Racine 3416 Roosevelt Rd Kenosha, WI 53142 | | | Notice Only |

Sheet no. 6 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > \$17,121.40

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|---|--------------------|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 6579822 Elgin Super Auto Parts, Inc 270 Wuillard Av Elgin, IL 60120 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's with possible personal liability | | | \$305.00 |
| ACCT #: 1004 Fields Volvo 250 Skokie Valley Rd Highland Park, IL 60035 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$37,000.00 |
| ACCT #: 001-0650936-304 Financial Pacific Leasing LLC 3455 S. 344th Way, #300 Federal Way, WA 98001-9546 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body. with possible personal liability | | | Unknown |
| ACCT #: Green Valley Disposal 1989 Oakes Rd Racine, WI 53406 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Center | | | \$323.81 |
| ACCT #: 13041 Gregory Hyundai Inc 490 Skokie Valley Rd Highland Park, IL 60035 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$2,662.52 |
| ACCT #: 215 Gurnee Hyundai 6251 Grand Av Gurnee, IL 60031 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body the Glen's. with possible personal liability | | | \$257.95 |

Sheet no. 7 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > \$40,549.28

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|--|---|--|--|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 137 12 614 048 Hampton & Hampton 8965 south Pecos Rd, Suite 9A Henderson, NV 89074 | - | DATE INCURRED: CONSIDERATION: Foreclosure on Association Dues REMARKS: | | | \$3,764.00 |
| ACCT #: Hawk Ford 6100 W 95th St Oak Lawn, IL 60454 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's with possible personal liability | | | \$2,161.81 |
| ACCT #: Highland Park Lincoln Mercury 1333 Park Avenue West Highland Park, IL 60035 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body, Auto Body of the Glen's or Auto Body North Shore Inc. with possible personal liability | | | \$3,244.65 |
| ACCT #: 37549305383826 Hinckley Springs P.O. BOX 66057 DALLAS, TX 75266-0579 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body with possible liability of debtor | | | \$130.24 |
| ACCT #: Honda of Lisle 4475 Lincoln Av. Lisle, IL 60532 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Possible personal liability for business debt. | | | \$1,453.70 |
| ACCT #: 220P7661 Hoskins Chevrolet 175 N. Arlington Height Rd P.O. Box 175 Elk Grove Village, IL 60009 | - | DATE INCURRED: CONSIDERATION: balance on account REMARKS: Debt of Auto Body North Shore, Inc with possible personal liability. | | | \$5,083.07 |
| Sheet no. 8 of 15 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal > | | \$15,837.47 |
| | | | Total > | | |
| | | | (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR <small>HUSBAND, WIFE, JOINT, WIFE, OR COMMUNITY</small> | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|--------------------|--------------|------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: IFC Credit 8700 Waukegan, Rd, # 100 Morton Grove, IL 60054 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body, with possible personal liability | | | \$3,510.32 |
| ACCT #: Infiniti of Lisle 4325 Lincoln Av Lisle, IL 60532 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$3,442.76 |
| ACCT #: International Imports LLC 8031 W 159th St Tinley Park, IL 60477 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Business debt of Auto Body North Shore Inc. with possible personal liability | | | \$3,500.00 |
| ACCT #: 110w-1002457 Jack Phelan Dodge Suzuki 5859 S LaGrange Rd Countryside, IL 60525 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$1,787.40 |
| ACCT #: 2753 Jantz's Yard 4 Automotive, Inc 3600 Washington Rd Kenosha, WI 53140 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$5,544.00 |
| ACCT #: John Paul's Automotive 3615 S. 108h St Greenfield, WI 53228 | - | DATE INCURRED: CONSIDERATION: balance on account REMARKS: Possible personal liability for business debt | | | \$1,705.70 |

Sheet no. 9 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > \$19,490.18

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|-------------------|---------------------|-----------------|--------------------|
| | | | | | | |
| ACCT #: 01-122-01-154-029 Kenosha County Treasurer 1010 56th St Kenosha, WI 53140-3738 | - | DATE INCURRED: CONSIDERATION: real estate taxes REMARKS: | | | | \$7,097.00 |
| ACCT #: 573.48 KENOSHA WATER UTILITY 4401 GREEN BAY RD KENOSHA, WI 53144 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Roosevelt Auto 2900 63rd St Kenosha, WI 53143-4342 | | | | \$805.11 |
| ACCT #: 220-86635 Larry Roesch Chevrolet 333W. Grand Av Bensenville, IL 60106 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | | \$2,356.38 |
| ACCT #: 1105-86634 Larry Roesch Chrysler-Plymouth 200 W. Grand Av Elmhurst, IL 60126 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's. with possible personal liability | | | | \$1,212.31 |
| ACCT #: 5379 Lechner & Sons 420 Kingston Ct Mount Prospect, IL 60056 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Autobody of the Glens Inc with possible personal liability of debtor | | | | \$511.44 |
| ACCT #: 220-750628 Liberty Auto City 1000 E. Park Av Libertyville, IL 60048 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | | \$772.29 |

Sheet no. 10 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$12,754.53

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|--------------------|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 260 Libertyville Mitsubishi 1119 S. Milwaukee Av Libertyville, IL 60048 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glens with possible personal liability | | | \$1,774.62 |
| ACCT #: 230416 LKQ Star Auto Parts 2101 Beloit Av Janesville, WI 53546 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glens. with possible personal liability | | | \$2,705.00 |
| ACCT #: inv 881490 M&T Bank P.O. box 62176 Baltimore, MD 21264 | - | DATE INCURRED: CONSIDERATION: balance on account REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$950.63 |
| ACCT #: 847203 Marlin Leasing P.O. box 13604 Philadelphia, PA 19101-3604 | - | DATE INCURRED: CONSIDERATION: Leased Equipment REMARKS: Debt of Roosevelt Auto Body, with possible personal liability | | | \$46,524.71 |
| Representing: Marlin Leasing | | George D. Pelose, Esq 300 Fellowship Rd Mt Laurel, NJ 089054 | | | Notice Only |
| ACCT #: McGrath City 6750 W Grand Av Chicago, IL 60707 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$2,059.24 |

Sheet no. 11 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$54,014.20

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|--|---|---|--------------------|--------------|------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: Mitchel International Inc dept 6946 Los Angeles, CA 90084 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Ultramate Subscription, debt of Auto body of the Glen's with possible debtor liability | | | \$350.73 |
| ACCT #: Napa Auto Parts MPEC PO Box 5066 Rockford, IL 61125 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body. with possible personal liability | | | \$257.06 |
| ACCT #: 30-86-52-9982-7 NICOR P.O. BOX 2020 AURORA, IL 60507-2020 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: 3038 N. Laketer Glenview Business debt with possible personal liability | | | \$2,800.00 |
| ACCT #: 220-103 Northshore Auto Group 1350 ParkAvenue West Highland Park, IL 60035 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$4,287.58 |
| ACCT #: Ob Gyne Associates of Lake Forest, Inc. 700 Westmoreland Rd Building C Lake Forest, IL 60045 | - | DATE INCURRED: CONSIDERATION: MEDICAL/DENTAL REMARKS: Business liability for lapse of medical insurance Roosevelt Auto Body. Possible personal liability for business obligation | | | \$3,671.92 |
| ACCT #: 001-0015976-001 Puget Soudn Leasing Div of First sound Ban PO Box 1295 Issaquah, WA 98027 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | Unknown |

Sheet no. 12 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$11,367.29

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|--------------------|--------------|------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 3498145a Rms 4036 Brecksville Rd Richfield, OH 44286 | - | DATE INCURRED: CONSIDERATION: Collecting for Personnel Concepts REMARKS: Debt of Roosevelt Auto Body with possible personal liability of debtor | | | \$202.12 |
| ACCT #: Roger Eide, CPA Suite G 3 S.Greenleaf St Gurnee, IL 60031 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Lou's Roosevelt Auto Body Inc with possible liability of debtor | | | \$8,650.00 |
| ACCT #: Roger Eide, CPA Suite G 3 S.Greenleaf St Gurnee, IL 60031 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's Inc with possible personal liability of debtor. | | | \$2,390.00 |
| ACCT #: Roger Eide, CPA Suite G 3 S.Greenleaf St Gurnee, IL 60031 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore, Inc with possible liability of debtor | | | \$1,375.00 |
| ACCT #: 60007 Saturn of Glenview 630 Waukegan Rd Glenview, IL 60025 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's with possible personal liability | | | \$2,537.09 |
| ACCT #: 252 Saturn of Libertyville 1160 S. Milwaukee Av Libertyville, IL 60048 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glen's with possible personal liability | | | \$1,849.96 |

Sheet no. 13 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$17,004.17

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|---|--|--------------------|--------------|-------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: 30080 Schaumburg Audi 320 W. gold Rd Schaumburg, IL 60195 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body of the Glens with possible personal liability | | | \$432.40 |
| ACCT #: Security Check P.O. Box 1196 Oxford, MS 38655-1196 | - | DATE INCURRED: CONSIDERATION: Returned payment by bank NSF REMARKS: Returned payment check NSF #4086, 4065,4437,4521,4598,4622, 4803, 4826, 5004, 5040, 5022 possible liability of debtor | | | \$4,958.71 |
| ACCT #: 09SC 10850 Shepherd Chevrolet 930 Carriage Park Lane Lake Bluff, IL 60044 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body . with possible personal liability | | | \$10,760.15 |
| Representing: Shepherd Chevrolet | | Lawrence Dunlap 14047 Petronella Drive Libertyville, IL 60048 | | | Notice Only |
| ACCT #: Stafford's Inc. 900 N. Main St Montgomery IL 60538 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | \$3,060.00 |
| ACCT #: 6035517873223845 Staples P.O. Box 689020 Des Moines, IA 50368-9020 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Roosevelt Auto Body, Auto Body of the Glen's or Auto Body North Shore Inc. with possible personal liability | | | \$907.57 |

Sheet no. 14 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$20,118.83

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR <small>HUSBAND, WIFE, JOINT, OR COMMUNITY</small> | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | <input type="checkbox"/> CONTINGENT | <input type="checkbox"/> UNLIQUIDATED | <input type="checkbox"/> DISPUTED | AMOUNT OF CLAIM |
|---|---|---|-------------------------------------|---------------------------------------|-----------------------------------|--------------------|
| | | | | | | |
| ACCT #: 262 657 6181 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Roosevelt Auto 2900 63rd St Kenosha, WI 53143-4342 | | | | \$721.39 |
| Tds Metrocom P.O. Box 94510 Palatine, IL 60094-4510 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Debt of Auto Body North Shore Inc. with possible personal liability | | | | \$405.00 |
| ACCT #: 161778-478 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: Louis Roosevelt Auto Body 2900 63rd St Kenosha, WI 53143-4342 | | | | \$1,205.00 |
| WISCONSIN ELECTRIC 333 W. EVERETT P.O. BOX 2046 MILWAUKEE, WI 53201 | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | | |
| ACCT #: AOLQ1L | - | DATE INCURRED: CONSIDERATION: BALANCE ON ACCOUNT REMARKS: | | | | \$744.50 |
| Yellowbook P.O. box 3262 Cedar Rapids, IA 52406 | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Sheet no. 15 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$3,075.89**

Total >

\$3,319,546.60(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|---|
| | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor

in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-

year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed,

unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly

| Debtor's Marital Status: | Dependents of Debtor and Spouse | | | |
|--------------------------|--|---------|------------------|---------|
| | Relationship(s): | Age(s): | Relationship(s): | Age(s): |
| Single | | | | |
| Employment: | Debtor | | Spouse | |
| Occupation | Auto Body - Self Employed | | | |
| Name of Employer | Autobody North Shore | | | |
| How Long Employed | 11 years | | | |
| Address of Employer | 1566 Old Deerfield Rd Highland Park, IL 60035 | | | |

INCOME: (Estimate of average or projected monthly income at time case filed)

| | <u>DEBTOR</u> | <u>SPOUSE</u> |
|--|-------------------|---------------|
| 1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly) | \$6,066.67 | |
| 2. Estimate monthly overtime | \$0.00 | |
| 3. SUBTOTAL | \$6,066.67 | |
| 4. LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes (includes social security tax if b. is zero) | \$0.00 | |
| b. Social Security Tax | \$0.00 | |
| c. Medicare | \$0.00 | |
| d. Insurance | \$0.00 | |
| e. Union dues | \$0.00 | |
| f. Retirement | \$0.00 | |
| g. Other (Specify) <u>all deductions</u> | \$1,733.33 | |
| h. Other (Specify) | \$0.00 | |
| i. Other (Specify) | \$0.00 | |
| j. Other (Specify) | \$0.00 | |
| k. Other (Specify) | \$0.00 | |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$1,733.33 | |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$4,333.34 | |
| 7. Regular income from operation of business or profession or farm (Attach detailed stmt) | \$0.00 | |
| 8. Income from real property | \$0.00 | |
| 9. Interest and dividends | \$0.00 | |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$0.00 | |
| 11. Social security or government assistance (Specify): | \$0.00 | |
| 12. Pension or retirement income | \$0.00 | |
| 13. Other monthly income (Specify): | | |
| a. <u>Income from 42678 Berong</u> | \$1,400.00 | |
| b. <u>Rentla Income from Las Vegas Property</u> | \$1,400.00 | |
| c. | \$0.00 | |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$2,800.00 | |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$7,133.34 | |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15) | \$7,133.34 | |

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None.

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures

| | |
|---|--|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$2,069.81 |
| a. Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: COMBINED INTERNET, TELEPHONE, | \$300.00 \$35.00 \$150.00 |
| 3. Home maintenance (repairs and upkeep) | \$100.00 |
| 4. Food | \$500.00 |
| 5. Clothing | \$60.00 |
| 6. Laundry and dry cleaning | \$10.00 |
| 7. Medical and dental expenses | \$60.00 |
| 8. Transportation (not including car payments) | \$140.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$100.00 |
| 10. Charitable contributions | \$50.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other: | \$100.00 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) Specify: | |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: Fifth Third, 07 Corvette b. Other: Auto Maintenance c. Other: Personal Grooming d. Other: Chase 2nd Mtg Equity Line of Credit | \$990.77 \$35.00 \$50.00 \$250.00 |
| 14. Alimony, maintenance, and support paid to others: | |
| 15. Payments for support of add'l dependents not living at your home: | |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | |
| 17.a. Other: See attached personal expenses 17.b. Other: | \$5,227.62 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$10,228.20 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None. | |
| 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.) | \$7,133.34 \$10,228.20 (\$3,094.86) |

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: Russell L. Castellanos

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CHAPTER 7

EXHIBIT TO SCHEDULE J

Itemized Personal Expenses

| Expense | Amount |
|------------------------|------------|
| Mtg on 42678 Berong Ct | \$1,741.00 |
| 42661 Berong Ct | \$1,474.92 |
| Mtg Las Vegas Property | \$2,011.70 |
| Total > | \$5,227.62 |

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
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In re Russell L. Castellanos

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Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|----------------|----------------|-------------|
| A - Real Property | Yes | 1 | \$1,253,500.00 | | |
| B - Personal Property | Yes | 4 | \$69,000.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 3 | | \$1,687,144.84 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | \$21,151.94 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 16 | | \$3,319,546.60 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$7,133.34 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | \$10,228.20 |
| TOTAL | | 32 | \$1,322,500.00 | \$5,027,843.38 | |

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STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------------------|
| Domestic Support Obligations (from Schedule E) | \$0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$21,151.94 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$0.00 |
| Student Loan Obligations (from Schedule F) | \$0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$0.00 |
| TOTAL | \$21,151.94 |

State the following:

| | |
|--|-------------|
| Average Income (from Schedule I, Line 16) | \$7,133.34 |
| Average Expenses (from Schedule J, Line 18) | \$10,228.20 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$5,944.48 |

State the following:

| | | |
|--|-------------|----------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$386,755.60 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$21,151.94 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$0.00 |
| 4. Total from Schedule F | | \$3,319,546.60 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$3,706,302.20 |

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 12/15/2009

Signature /s/ Russell L. Castellanos
Russell L. Castellanos

Date _____

Signature _____

[If joint case, both spouses must sign.]

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
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In re: Russell L. Castellanos

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income.

| AMOUNT | SOURCE |
|--------|--|
| 2009 | \$85,000 Schedule I Income from employment YTD |
| 2008 | \$123598 Gross Income |
| 2007 | \$108411 |

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDIN | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|--|--|---|--------------------------|
| Shepherd Chevrolet v. Autobody Northshore, Inc 09SC 10850 | Contract liability of corporation. Possible personal guarantee | Circuit Court of the 19th Judicial Circuit Lake County IL | pending |
| Coactive Capital Partners, Inc v. Lous Roosevelt Auto Body and Russell Castellanos | Contract - Commercial Lease | Court of Common Please of Montgomery Pennsylvania | pending |

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In re: Russell L. Castellanos

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(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.
(Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---------------------------|---|---|
|---------------------------|---|---|

Harold M. Saalfeld, Attorney at Law
25 N. County Street, Suite 2R
Waukegan, IL 60085

2009
\$2,500.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12

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STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or

**11. Closed financial accounts**

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations,

**12. Safe deposit boxes**

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or

**13. Setoffs**

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether

**14. Property held for another person**

None List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address

**16. Spouses and Former Spouses**

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the



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STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. §

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STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12/15/2009Signature /s/ Russell L. Castellanos
of Debtor **Russell L. Castellanos**

Date _____

Signature _____
of Joint Debtor
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.

18 U.S.C. §§ 152 and 3571

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CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

| | |
|--|--|
| Property No. 1 | |
| Creditor's Name: Bank of America Home Loans P.O. box 5170 Simi Valley, CA 93062-5170 | Describe Property Securing Debt: BOA 3714 John Baily Las Vegas |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

| | |
|--|--|
| Property No. 2 | |
| Creditor's Name: CHASE HOME FINANCE 3415 VISION DRIVE COLUMBUS, OH 43219 0630221299 | Describe Property Securing Debt: 4714 5th St |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

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CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 1

| | |
|--|--|
| Property No. 3 | |
| Creditor's Name: CHASE HOME FINANCE 3415 VISION DRIVE COLUMBUS, OH 43219 0693539801 | Describe Property Securing Debt: Residence 4632 5th st, Winthrop Harbor IL |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

| | |
|--|---|
| Property No. 4 | |
| Creditor's Name: CHASE HOME FINANCE 3415 VISION DRIVE COLUMBUS, OH 43219 | Describe Property Securing Debt: 42661 N. Berrong Ct. |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

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CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 2

| | |
|--|---|
| Property No. 5 | Describe Property Securing Debt: Lease Equipment - Autobody N.Shore |
| Creditor's Name: CoActive Capital Partners LLC 655 Business Center Dr, Ste 250 Horsham, PA 19044 09-39190 | |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

| | |
|---|---|
| Property No. 6 | Describe Property Securing Debt: 2007 Chevrolet Corvette CO Black Liquidation Value |
| Creditor's Name: Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263 | |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

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CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 3

| | |
|---|--|
| Property No. 7 | |
| Creditor's Name: Grandview Homeowners Association 1515 E. Tropicana Ave, Ste 350A Las Vegas, NV 89119 | Describe Property Securing Debt: 3714 John Bailey St |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

| | |
|---|--|
| Property No. 8 | |
| Creditor's Name: Harley Davidson Credit Corp P.O. Box 829009 Dallas, TX 75382 20050907835957 | Describe Property Securing Debt: Harley Davidson Credit Harley |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

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CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 4

| | |
|---|--|
| Property No. 9 | |
| Creditor's Name: NATIONAL CITY Commercial Svcs P.O. Box 1030 Oshtemo, MI 49077-1030 xxxx7568 | Describe Property Securing Debt: 3034 N Lake Terrace Glenview IL/Autobody N.S. |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

| | |
|--|---|
| Property No. 10 | |
| Creditor's Name: NORSTATES / BANK OF WAUKEGAN 1601 N. LEWIS AV WAUKEGAN, IL 60085 80196 | Describe Property Securing Debt: Commercial Bldg -2900 63rd St. Kenosha |

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt Not claimed as exempt

UNITED STATES BANKRUPTCY COURT
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CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 5

| | |
|--|---|
| Property No. 11 | |
| Creditor's Name: Shadow Hills Master Assoc c/o. Benchmark Assoc Svc P.O. box 60998 Phoenix, AZ 85082-0998 | Describe Property Securing Debt: BOA 42678 N Berrong Ct |
| Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained | |
| If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): | |
| Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt | |

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

| | | |
|-------------------------------|----------------------------------|---|
| Property No. 1 | | |
| Lessor's Name: None | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input type="checkbox"/> |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 12/15/2009

Signature /s/ Russell L. Castellanos
Russell L. Castellanos

Date _____

Signature _____

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CHAPTER 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|--|--------------------------|
| For legal services, I have agreed to accept: | <u>\$2,500.00</u> |
| Prior to the filing of this statement I have received: | <u>\$2,500.00</u> |
| Balance Due: | <u>\$0.00</u> |

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/15/2009

Date

/s/ HAROLD M. SAALFELD

HAROLD M. SAALFELD
Harold M. Saalfeld, Attorney at Law

Bar No. 6231257

25 N. County Street, Suite 2R
Waukegan, IL 60085-4342
Phone: (847) 249-7538 / Fax: (847) 406-5032

/s/ Russell L. Castellanos

Russell L. Castellanos

**UNITED STATES BANKRUPTCY COURT
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CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 12/15/2009

Signature /s/ Russell L. Castellanos
Russell L. Castellanos

Date _____

Signature _____

B22A (Official Form 22A) (Chapter 7) (12/08)

In re: Russell L. Castellanos

Case Number:

According to the information required to be entered on this statement
(check one box as directed in Part I, III, or VI of this statement):

 The presumption arises.
 The presumption does not arise.
 The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

| | |
|--|---|
| | <p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p>1A <input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p> |
| | <p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p> |
| | <p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p>1C <input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> |

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

| | | | |
|---|---|-----------------------------|-------------------|
| Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. | | | |
| 2 | a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." | | |
| | Complete only Column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. | | |
| All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | Column A | Column B |
| 3 | Gross wages, salary, tips, bonuses, overtime, commissions. | | \$5,944.48 |
| 4 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. | | |
| | a. Gross receipts | \$0.00 | |
| 5 | b. Ordinary and necessary business expenses | \$0.00 | |
| | c. Business income | Subtract Line b from Line a | \$0.00 |
| 6 | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. | | |
| | a. Gross receipts | \$0.00 | |
| 7 | b. Ordinary and necessary operating expenses | \$0.00 | |
| | c. Rent and other real property income | Subtract Line b from Line a | \$0.00 |
| 6 | Interest, dividends, and royalties. | | \$0.00 |
| 7 | Pension and retirement income. | | \$0.00 |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. | | \$0.00 |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$0.00 | Spouse |
| | | | \$0.00 |
| 10 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | |
| | a. | | |
| | b. | | |
| | Total and enter on Line 10 | | \$0.00 |

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| | | | |
|----|--|------------|------------|
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). | \$5,944.48 | |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. | | \$5,944.48 |

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

| | | |
|----|---|--|
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. | \$71,333.76 |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | |
| a. | Enter debtor's state of residence: <u>Illinois</u> | b. Enter debtor's household size: <u>1</u> |
| | | \$46,105.00 |
| 15 | Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input checked="" type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. | |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

| | | |
|----|--|------------|
| 16 | Enter the amount from Line 12. | \$5,944.48 |
| 17 | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. | |
| a. | | |
| b. | | |
| c. | | |

Total and enter on line 17.

\$0.00

| | | |
|----|--|------------|
| 18 | Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result. | \$5,944.48 |
|----|--|------------|

Part V. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|-----|----------------------|---------|-----|-------------------|---|-----|----------|---------|---|--|--|-----|----------------------|----------|-----|-------------------|--|-----|----------|--------|---------|
| 19A | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | \$517.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td colspan="3">Household members under 65 years of age</td> </tr> <tr> <td>a1.</td> <td>Allowance per member</td> <td>\$60.00</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>1</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>\$60.00</td> </tr> </table> <table border="1"> <tr> <td colspan="3">Household members 65 years of age or older</td> </tr> <tr> <td>a2.</td> <td>Allowance per member</td> <td>\$144.00</td> </tr> <tr> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c2.</td> <td>Subtotal</td> <td>\$0.00</td> </tr> </table> | Household members under 65 years of age | | | a1. | Allowance per member | \$60.00 | b1. | Number of members | 1 | c1. | Subtotal | \$60.00 | Household members 65 years of age or older | | | a2. | Allowance per member | \$144.00 | b2. | Number of members | | c2. | Subtotal | \$0.00 | \$60.00 |
| Household members under 65 years of age | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a1. | Allowance per member | \$60.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| b1. | Number of members | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| c1. | Subtotal | \$60.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Household members 65 years of age or older | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a2. | Allowance per member | \$144.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| b2. | Number of members | | | | | | | | | | | | | | | | | | | | | | | | | |
| c2. | Subtotal | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | |
|-----|---|--|--|
| 20A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | \$471.00 |
| 20B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO. | | |
| | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$1,279.00 |
| | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 | \$11,853.13 |
| | c. | Net mortgage/rental expense | Subtract Line b from Line a. \$0.00 |
| 21 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | |
| 22A | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. | | |
| 22A | Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | \$434.00 |
| 22B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | \$0.00 |
| 23 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO. | | |
| | a. | IRS Transportation Standards, Ownership Costs | \$489.00 |
| | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$990.77 |
| | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. \$0.00 |

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| | | |
|---|---|------------------------------|
| Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO. | | |
| 24 | a. IRS Transportation Standards, Ownership Costs | |
| | b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | |
| | c. Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES. | |
| 26 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS. | |
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE. | |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 44. | |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. | |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS. | |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34. | |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED. | |
| 33 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. \$2,926.17 | |
| Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 | | |
| Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | |
| 34 | a. Health Insurance | \$0.00 |
| | b. Disability Insurance | \$0.00 |
| | c. Health Savings Account | \$0.00 |
| Total and enter on Line 34 | | \$0.00 |
| IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below: _____ | | |

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| | | |
|----|--|---------|
| | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. | \$0.00 |
| 35 | | |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | \$0.00 |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY. | |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS. | \$0.00 |
| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY. | |
| 40 | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). | \$50.00 |
| 41 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40. | \$50.00 |

Subpart C: Deductions for Debt Payment

| | | | | | | |
|----|---|----------------------------|------------------------------|------------------------------|---|-------------|
| | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. | | | | | |
| 42 | | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | |
| | a. | Bank of America Home Loans | BOA 3714 John Baily Las Ve | \$2,011.70 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| | b. | CHASE HOME FINANCE | 4714 5th St | \$2,011.70 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| | c. | CHASE HOME FINANCE | Residence 4632 5th st, Wintl | \$2,069.81 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| | | (See continuation page.) | | Total: Add Lines a, b and c. | | \$12,843.90 |
| | Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. | | | | | |
| 43 | | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount | | |
| | a. | | | | | |
| | b. | | | | | |
| | c. | | | | | |
| | | | | Total: Add Lines a, b and c | | \$0.00 |

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| | | | |
|--|---|--|----------------|
| 44 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28. | | \$75.06 |
| Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. | | | |
| 45 | a. | Projected average monthly chapter 13 plan payment. | \$13,861.55 |
| | b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | 6.8 % |
| | c. | Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b | \$942.59 |
| 46 | Total Deductions for Debt Payment. Enter the total of Lines 42 through 45. | | \$13,861.55 |
| Subpart D: Total Deductions from Income | | | |
| 47 | Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46. | | \$16,837.72 |
| Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION | | | |
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) | | \$5,944.48 |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) | | \$16,837.72 |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result. | | (\$10,893.24) |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. | | (\$653,594.40) |
| Initial presumption determination. Check the applicable box and proceed as directed. | | | |
| 52 | <input checked="" type="checkbox"/> | The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. | |
| | <input type="checkbox"/> | The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. | |
| | <input type="checkbox"/> | The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55). | |
| 53 | Enter the amount of your total non-priority unsecured debt | | |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. | | |
| Secondary presumption determination. Check the applicable box and proceed as directed. | | | |
| 55 | <input type="checkbox"/> | The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. | |
| | <input type="checkbox"/> | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. | |

Part VII: ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

| 56 | Expense Description | | Monthly Amount |
|------------------------------|---------------------|--|----------------|
| | a. | | |
| | b. | | |
| | c. | | |
| Total: Add Lines a, b, and c | | | |

Part VIII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct.
(If this is a joint case, both debtors must sign.)

57 Date: 12/15/2009 Signature: /s/ Russell L. Castellanos
Russell L. Castellanos

Date: _____ Signature: _____
(Joint Debtor, if any)

42. Future payments on secured claims (continued):

| Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? |
|----------------------------------|-------------------------------------|-------------------------|---|
| CHASE HOME FINANCE | 42661 N. Berrong Ct. | \$1,474.92 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| CoActive Capital Partners LLC | Lease Equipment - Autobody N.Shor | \$0.00 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| Fifth Third Bank | 2007 Chevrolet Corvette CO Black Li | \$990.77 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| Grandview Homeowners Association | 3714 John Bailey St | \$0.00 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| Harley Davidson Credit Corp | Harley Davidson Credit Harley | \$0.00 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| NATIONAL CITY Commercial Svcs | 3034 N Lake Terrace Glenview IL/Aut | \$0.00 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| NORSTATES / BANK OF WAUKEGAN | Commercial Bldg -2900 63rd St. Ken | \$4,285.00 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| On Dec Capital | Auto Repair Equip | \$0.00 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| Shadow Hills Master Assoc | BOA 42678 N Berrong Ct | \$0.00 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |